

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3						
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10						
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15	1		1			
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18	1		1			
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50						
TOTAL IND.			↓	5	↓	
TOTAL DEP.			↓	15	↓	
TOTAL CLAIMS			↓	20	↓	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS			↓		↓	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS